



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From:

MAY 15 to JULY 22 2012

1. Committee I.D. Number

138 905

4. Candidate Last Name

WINNE

First Name

JAMES

M.I.

C

4a. Office Sought Including District # or Community Served (If applicable)

COUNTY COMMISSIONER DISTRICT 7 MACOMB

4b. County of Residence

MACOMB

5. Committee's Mailing Address

ETE JAMES C. WINNE
59658 THUNDERHEAD DR.
WASHINGTON, MI 48094

6. Treasurer's Name & Residential Address

JAMES C. WINNE
59658 THUNDERHEAD DR.
WASHINGTON, MI 48094

Area Code and Phone 586-786-5932

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone

586-786-5932

7. Treasurer's Business Address

NA

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

NA

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper JAMES C. WINNE
Type or Print Name

Signature

Date

7/25/12

Candidate

JAMES C. WINNE

Type or Print Name

Signature

Date

7/25/12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138905
2. Committee Name CTE JAMES C. WINNE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,545</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3,545</u>	(18.) \$ <u>3,545</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$	<u>64</u>	(19.) \$ <u>64</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3,609</u>	(20.) \$ <u>3,609</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>-</u>	(21.) \$ <u>3609</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-</u>	(22.) \$ <u>3,609</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1,202.52</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule) <i>Postage</i>	(8c.) \$	<u>24.48</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1227.00</u>	(23.) \$ <u>1,227.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>-</u>	(24.) \$ <u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3,609</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3,609</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,402</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3,609 2,207.00</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138 905
2. Committee Name CTE JAMES C. WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5-15-12</u> Name & Address: <u>MACOMB COUNTY DEMOCRATIC COMMITTEE</u> <u>131 MAIN STREET</u> <u>MT. CLEMENS, MI. 48044</u>		<u>3,545</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<u>\$ 100.00</u>	<u>\$ 100.00</u>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-25-12</u> Name & Address: <u>JAMES C. WINNE</u> <u>59658 THUNDER HEAD</u> <u>WASHINGTON, MI 48094</u>		<u>\$ 2,500.00</u>	<u>\$ 2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIREE CANDIDATE</u> Employer _____ Business Address <u>59658 THUNDERHEAD WASHINGTON, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/29/12</u> Name & Address: <u>EDWARD KWIECHUSKI</u> <u>6753 RATTLE RUN</u> <u>ST. CLAIR, MI 48079</u>		<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/1</u> Name & Address: <u>RICHARD KENNEDY</u> <u>4195 SANDY CREEK</u> <u>SHELBY TWP, MI. 48314</u>		<u>\$ 50.00</u>	<u>\$ 50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

2,700

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138905

2. Committee Name

CTE JAMES C. WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 5 PAC Receipt? ☐ YES

4. Date of Receipt

7/4/12

Name & Address:

DANIEL GRIFKA
13449 WYNDEMERE
STERLING HEIGHTS, MI 48313

\$ 25.⁰⁰

\$ 25.⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 6 PAC Receipt? ☐ YES

4. Date of Receipt

7/5/12

Name & Address:

HENRY NEWMAN III
27156 GAIL
WARREN, MI 48093

\$ 50.⁰⁰

\$ 50.⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 7 PAC Receipt? ☐ YES

4. Date of Receipt

7/9/12

Name & Address:

REV MELVIN MILLER
11457 BIRCH CT
WASHINGTON, MI 48094

\$ 50.⁰⁰

\$ 50.⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 8 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

ZOA ANOLI
13900 LAKESIDE BLVD #220 B
STURGEON TWP, MI 48315

\$ 50.⁰⁰

\$ 50.⁰⁰

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation

Employer

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

175.⁰⁰

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

1. Committee I.D. Number 138905
2. Committee Name ETE JAMES C. WYNNE

Page Subtotal	215.
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138905
2. Committee Name CTE JAMES C. WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/12</u> Name & Address: <u>PATTY WINNE</u> <u>49271 MONTE</u> <u>CHESTON FIELD TWP, MI 48047</u>		\$ <u>15.⁰⁰</u>	\$ <u>15.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/12</u> Name & Address: <u>GARY CYNOWA</u> <u>45451 FIELDING</u> <u>MACOMB, MI 48042</u>		\$ <u>50.⁰⁰</u>	\$ <u>50.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/12</u> Name & Address: <u>MATT OLIVECKI</u> <u>7310 HILLSIDE</u> <u>ALMONT, MI</u>		\$ <u>15.⁰⁰</u>	\$ <u>15.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/21/12</u> Name & Address: <u>EATHY OLIVECKI</u> <u>7310 HILLSIDE CT</u> <u>ALMONT, MI</u>		\$ <u>15.⁰⁰</u>	\$ <u>15.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal	<u>95.⁰⁰</u>
Grand Total of All Schedules 1A (Complete on last page of Schedule)	

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138905
2. Committee Name CTE JAMES C. WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>ROSIE FESSLER</u> <u>13652 AMANDA</u> <u>STERLING HEIGHTS, MI 48313</u>		4. Date of Receipt <u>7/21/12</u>	\$ <u>15.⁰⁰</u> \$ <u>15.⁰⁰</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>JO COSCIONE</u> <u>20802 GASLIGHT</u> <u>CLINTON TWP MI 48031</u>		4. Date of Receipt <u>7/21/12</u>	\$ <u>15.⁰⁰</u> \$ <u>15.⁰⁰</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>CAROL JO CHI</u> <u>35325 MONMOUTH</u> <u>STERLING HGTS MI 48312</u>		4. Date of Receipt <u>7/21/12</u>	\$ <u>15.⁰⁰</u> \$ <u>15.⁰⁰</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>VINCENT PUNTUNERE</u> <u>15256 MADINE</u> <u>FRASER, MI</u>		4. Date of Receipt <u>7/21/12</u>	\$ <u>50.⁰⁰</u> \$ <u>50.⁰⁰</u> Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 95.⁰⁰
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138 905

2. Committee Name CTE JAMES C. WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 21 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

KATHERINE JENKINS
46385 WHITE CAP
MACOMB, MI 48044

\$ 35.00

\$ 35.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 22 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

DIANE XAGORAKIS
21011 ARMADA RIDGE
ARMADA, MI 48005

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 23 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

GARY WINNE
13900 LAKESIDE BLVD N 22013
SHELBY TWP, MI 48313

\$ 25.00

\$ 25.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 24 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

JAMIE STEANBRAG
1505 NEW CT
ALCONAC MI 48001

\$ 20.00

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

130.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138 900
2. Committee Name LTE JAMES C WINNE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 25 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

STEWART STEWART
1505 NEON CT
ALGONA MI 48001

\$ 20.00

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 26 PAC Receipt? ☒ YES

4. Date of Receipt 7/21/12

Name & Address:

NEA LOCAL 1
38550 GARFIELD SUITE B
CLINTON TWP, MI 48038

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 27 PAC Receipt? ☐ YES

4. Date of Receipt 7/21/12

Name & Address:

MANTHA OKRAY
49849 HIDDEN VALLEY
MALDEN MI 48044

\$ 15.00

\$ 15.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 28 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

KEN LAMPAN
43304 VINEY HILLS
STEARNS HEIGHTS, MI 48311

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

135.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

3,535

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 138 905

2. Committee Name ETE JAMES C. WINSTON

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>MIKHAE C COUGHMAN</u> <u>5964 THUNDERHEAD DR</u> <u>WASHINGTON, MI 48094</u>	Date of Receipt <u>7/21</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>5 PIZZAS</u>	\$ <u>64.00</u>
Receipt #2 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$
Receipt #3 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$
Receipt #4 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$
Receipt #5 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$
Receipt #6 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$
Receipt #7 Name & Address:	Date of Receipt	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify)	\$

Page Subtotal	<u>64.00</u>
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)	<u>64.00</u>

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number _____

CANDIDATE COMMITTEE

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138 905

2. Committee Name ITE JAMES C. WINNE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 NAME BADGE Name <u>MPC AWARDS</u> Address <u>52130 VAN DYKE</u> <u>SHELBY TWP. MI 48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NAME BADGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/2/12</u> Date	\$ <u>5.00</u>
Expenditure #2 WALKING CARDS & MAIL FILE Name <u>PRACTICAL POLITICAL CONSULTING</u> Address <u>220 ALBERT AVENUE</u> <u>EAST LANSING, MI 48823</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PROVOTED RESEARCH</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/12</u> Date	\$ <u>205.40</u>
Expenditure #3 LITERATURE PRINTING Name <u>CLARK GRAPHICS</u> Address <u>21914 SCHMEEMAN</u> <u>WARREN MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>WALKING & MAILING PIECES VOTER ED</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/12</u> Date	\$ <u>1,000.00</u>
Expenditure #4 MAIL TO ABSENTEE VOTERS Name <u>MASS MAILING</u> Address <u>35468 MOUND ROAD</u> <u>STERLING HEIGHTS, MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL TO AVS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/5/12</u> Date	\$ <u>122.71</u>
Expenditure #5 FUNDRAISING FAVORS & DRINKS Name <u>MEIKENS</u> Address <u>26 MILE ROAD</u> <u>WASHINGTON MI</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21</u> Date	\$ <u>69.41</u>

Subtotal this page

1202.52

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1202.52

Enter this total
on line 8a of
Summary Page

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 1 B - G
CANDIDATE COMMITTEE

1. Committee I.D. Number

138905

2. Committee Name

CTE JAMES C. WINNE

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made		4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: <i>n/a</i>		a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Statewide Proposal Name _____		Local Proposal Name _____	Indicate County _____	
Expenditure #2 Name & Address: _____		a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Statewide Proposal Name _____		Local Proposal Name _____	Indicate County _____	
Expenditure #3 Name & Address: _____		a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type		
Statewide Proposal Name _____		Local Proposal Name _____	Indicate County _____	
Subtotal this page _____				
Grand Total of all Schedules 1B-G) (Complete on last page of Schedule				



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 138 905
2. Committee Name CTE JAMES C. WINNE

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>N/A</u>			
Purpose		_____	\$ _____
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 2 Name & Address: <u>N/A</u>			
Purpose		_____	\$ _____
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 3 Name & Address: <u>N/A</u>			
Purpose		_____	\$ _____
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Disbursement # 4 Name & Address: _____			
Purpose		_____	\$ _____
		Date	
Click for Memo Itemization Type			
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser		
Subtotal this page			
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138 905
2. Committee Name CTR JAMES C. WINNE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: <u>PERSONAL LOAN</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	<u>4/26/12</u> \$ <u>2,500</u> _____ _____ _____ _____ _____	\$ <u>0</u>	\$ <u>2,500</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2500

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

2500

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138905
2. Committee Name STATE JAMES C. WINNE

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7-21-12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>21</u>	5. Type of Fund Raising Activity <u>OPEN YARD PARTY</u>	6. Address and Name (If any) of the place where the activity was held. <u>HOME OF GILMANS</u> <u>74168 MADISON</u> <u>ANN ARBOR, MI</u> <input checked="" type="checkbox"/> Private Residence
--	---	--	--

7. Total Contributions 470.00

8. Other Receipts -

9. Gross Receipts (Add lines 7 and 8) 470

10. Total Cost of Event 69.41
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.